

**Illinois Health Facilities and Services Review Board**  
**SUMMARY - SUBSTANTIVE CHANGES TO 77 ILL. ADM CODE 1110**

SECTION NO.	DESCRIPTION OF CHANGE	COMMENTS
<b>1110.40(b) – “Non-Substantive Review Classification”</b>	The definition of “non-substantive” is changed to those construction or modification projects that are not classified as substantive or emergency. The reader is referenced to the applicable review criteria for each non-substantive type of project, as provided in 77 Ill. Adm. Code 1110.	
<b>1110.40(c) – “Substantive Review Classification”</b>	Substantive projects are listed, per the definition in the Illinois Health Facilities Planning Act. [20 ILCS 3960/8]	
<b>1110.210(a)(1) – “Introduction”</b>	“Safety Net Impact Statement” is added to the list of “Information Requirements” contained in Subpart C.	
<b>1110.230(a) – “Background of the Applicant - Information Requirements”</b>	This subsection has been deleted as “ information requirements” and has been relocated as one of the review criteria for each category of service, as contained in Subpart 77 Ill. Adm. Code 1110.	
<b>1110.230(b) – “Safety Net Impact Statement – Information Requirements”</b>	<b>NEW Section</b> , added as mandated in the Illinois Health Facilities Planning Act.[20 ILCS 3960/5.4(h)]	
<b>1110.530(a) &amp; (b) – Med/Surg, OB, Peds &amp; Intensive Care – Review Criteria”</b>	“Background of the Applicant” is added as a review criterion. (Relocated from Section 1110.230(a) – “Information Requirements”.)	
<b>1110.630(a) &amp; (b) – “Comprehensive Physical Rehabilitation – Review Criteria”</b>	“Background of the Applicant” is added as a review criterion. (Relocated from Section 1110.230(a) – “Information Requirements”.)	
<b>1110.730 – “Acute Mental Illness – Review Criteria”</b>	“Background of the Applicant” is added as a review criterion. (Relocated from Section 1110.230(a) – “Information Requirements”.)	

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<b>1110.1430 – “In-Center Hemodialysis Projects – Review Criteria”</b>	“Background of the Applicant” is added as a review criterion. (Relocated from Section 1110.230(a) – “Information Requirements”.)	
<b>1110.1535 – “Recognition of Non-hospital Based Ambulatory Surgical Treatment Center (ASTC Surgical Specialties”</b>	<b>NEW Section</b> – Added to establish that certain ASTC services (which are identified and verified), are recognized by HFSRB as having existed prior to the effective date of this Section. Recognition of these identified and verified non-hospital based ASTC services exempts the facility from the requirement of obtaining a permit for establishment of a health care facility and establishment of the identified and verified surgical specialties. However, any additional ASTC services the facility wishes to add, or any expansion of an existing ASTC service would require a permit.	
<b>1110.1540(a) –ASTCs– Review Criteria – Introduction”</b>	<ul style="list-style-type: none"> <li>• <b>NEW Section</b></li> <li>• Subsection (a) establishes that ASTCs are healthcare facilities subject to the requirements of the Act and HFSRB rules.</li> <li>• The amendments propose to eliminate the categories of “Limited” and “Multi”, since there does not appear to be an existing basis, purpose or reason for maintaining these designations. Neither the Health Facilities Planning Act nor the ASTC Act contain any language related to these designations. In addition, there is no reference to “Limited” or” Multi” ASTCs in IDPH (Licensure) rules for ASTCs.</li> <li>• The amendments to HFSRB rules would require all applicants for ASTC services to obtain a CON permit prior to: <ul style="list-style-type: none"> <li>○ adding a specialty to an existing ASTC;</li> <li>○ establishing a new ASTC facility; or</li> <li>○ modernizing an ASTC when estimated project costs exceed the capital expenditure minimum.</li> <li>○ discontinuing an ASTC</li> </ul> </li> <li>• This subsection also outlines the proposed actions that require a permit, including: establishment of a new ASTC facility or ASTC service, expansion of an existing ASTC service, modernization or any action with an estimated total project cost exceeding the capital expenditures minimum.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• A chart identifies the applicable review criteria for each ASTC project type.</li> <li>• The applicant is required to identify the existing and proposed ASTC services (listed in Appendix A), as well as the existing and proposed number of surgical/treatment rooms.</li> </ul>	
<b>1110.1540(b) – ASTC “Background of the Applicant”</b>	<b>NEW Section</b> - applicable to all category of service projects, except for those that are solely for discontinuation.	Requirement from the Category of Service template
<b>1110.1540(c) – ASTC “Geographic Service Area Need _ Review Criterion”</b>	<ul style="list-style-type: none"> <li>• <b>NEW Section</b></li> <li>• The applicant must document that the proposed ASTC services and number of surgical/treatment rooms are necessary to serve the needs of the service area’s population.</li> <li>• “No formula need determination for the number of ASTCs and the number of surgical/treatment rooms in a geographic service area has been established. Need shall be established pursuant to the applicable review criteria of 77 Ill. Adm. Code 1110.”</li> <li>• The applicant must document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.</li> </ul>	Requirement from the Category of Service template
<b>1110.1540(d) - “Service Demand – Establishment of ASTC Facilities or Additional Specialty”</b>	<b>NEW Section</b> - The applicant must document that the proposed project is necessary to accommodate the service demand experienced annually by the applicant, over the latest two-year period, as evidenced by historical and projected referrals.	Requirement from the Category of Service template
<b>1110.1540(e) – ASTC “Service Demand – Expansion of Existing Specialty”</b>	<b>NEW Section</b> - The applicant must document that number of treatment/operating rooms to be added (at an existing facility) is necessary to reduce the facility’s experienced high utilization and to meet a projected demand for service. Required documentation includes historical service data	Requirement from the Category of Service template

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	and projected service demand information (physician referral letters) or data re: rapid population growth in service area.	
<b>1110.1540(f) – ASTC “Treatment Room Need Assessment”</b>	<ul style="list-style-type: none"> <li>• <b>Subsection (f)(1)</b> requires the annual minimum utilization of 1,500 hours of use per surgical/treatment room. (<b>Same as existing standard</b>)</li> <li>• <b>Subsection (f)(2)</b> requires utilization data for each ASTC service, as well as the methodology used to establish the average time per patient treatment session.</li> </ul>	
<b>1110.1540(g) – ASTC Service Accessibility”</b>	<b>NEW Section</b> - The proposed ASTC services being established or added are necessary to improve access for residents of the Geographic Service Area (GSA). The applicant must document that at least one of the listed conditions exist in the GSA.	Requirement from the Category of Service template
<b>1110.1540(h) – ASTC “Unnecessary Duplication/Maldistribution – Review Criterion”</b>	<ul style="list-style-type: none"> <li>• <b>NEW Section</b></li> <li>• The applicant must document that the project will not result in an unnecessary duplication. The applicant shall provide the information for the proposed geographic service area (GSA ) zip code areas.</li> <li>• The applicant must document that the project will not result in maldistribution of services. Maldistribution exists when the GSA has an excess supply of facilities and ASTC services characterized by factors, as listed in this subsection.</li> </ul>	Requirement from the Category of Service template
<b>1110.1540(i) – ASTC “Staffing”</b>	<ul style="list-style-type: none"> <li>• <b>Subsection (i)(1)-</b> requires documentation of staffing availability.</li> <li>• <b>Subsection (i)(2)-</b> recommends a Board-certified Medical Director for the ASTC.</li> </ul>	<b>Subsection (i)(1) -</b> Requirement from the Category of Service template <b>Subsection (i)(2) –</b> Changed from an existing requirement to a recommendation

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<b>1110.1540(j) – ASTC “Charge Commitment”</b>	Same as the existing rule.	
<b>1110.1540(k) – ASTC “Assurances”</b>	<ul style="list-style-type: none"> <li>• <b>Subsection (k)(1)</b> – Requirements for a peer review program</li> <li>• <b>Subsection (k)(2)</b> - The applicant shall document that in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.</li> </ul>	
<b>1110.2330 – “Selected Organ Transplantation – Review Criteria”</b>	“Background of the Applicant” is added as a review criterion. (Relocated from Section 1110.230(a) – “Information Requirements”.)	
<b>110.2430 – “Kidney Transplantation – Review Criteria”</b>	“Background of the Applicant” is added as a review criterion. (Relocated from Section 1110.230(a) – “Information Requirements”.)	
<b>1110.2730 – “Children’s Community-Based Health Care Center Alternative Health Care Model – Review Criteria”</b>	Repealed per the Illinois Health Facilities Planning Act. [20 ILCS 3960/3]	
<b>1110.2730.2740 - – “Children’s Community-Based Health Care Center Alternative Health Care Model – HFPB Review”</b>	Repealed per the Illinois Health Facilities Planning Act. [20 ILCS 3960/3]	
<b>1110.2750 - “Children’s Community-Based Health Care Center Alternative Health Care Model – Project Completion”</b>	Repealed per the Illinois Health Facilities Planning Act. [20 ILCS 3960/3]	

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<b>Section 1110.2930 – Long Term Acute Care Hospital Bed Projects – Review Criteria”</b>	“Background of the Applicant” is added as a review criterion. (Relocated from Section 1110.230(a) – “Information Requirements”.)	
<b>Section 1110.3030 – “Clinical Service Areas Other than Categories of Service – Review Criteria”</b>	“Background of the Applicant” is added as a review criterion. (Relocated from Section 1110.230(a) – “Information Requirements”.)	
<b>Section 1110.APPENDIX A</b>	Changes content of this Section from “Medical Specialty Eligibility/Certification Boards” to “ASTC Services”.	